

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.
07109082

FILING DATE
7-2-78

APPLICANTS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10		7				
11	1					
12		7				
13		1				
14	/					
15	/					
16	/					
17		8				
18	1					
19		1				
20	1					
21	2					
22	7					
23	7					
24	8					
25	8					
26	8					
27	8					
28	8					
29	8					
30	2					
31	2					
32	2					
33	1					
34	1					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	21		16		16	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	27		27		27	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
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99								
100								
TOTAL IND.			16		16			
TOTAL DEP.		2	2		2			
TOTAL CLAIMS		27	27		27			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

129+2 18/21

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